

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|------|
| FEE DETERMINATION | <i>AM</i> | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | | 03-18-02 |
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| 12 | ✓ | | 11-12-02 |
| 13 | ✓ | | 07-08-03 |
| 14 | ✓ | | 18-05-03 |
| 15 | ✓ | | 05/12/02 |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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